

Exhibit 2

2024-25 PreK - 12 Enrollment Packet

Enrollee Information

Student Name: Test (New) Bangor Christian Schools

Street Address: Required

City: Required

State:

Country: Required

Zip: Required

Student Date of Birth: 1/1/2001

Student SSN/SIN:

Student Email Address:

Student Home Phone: Required

Student Cell Phone:

Local School District of Residence:

Local School:

District County:

District State:

Gender: Required

Student Ethnicity: Required

Student Race: Required

Student Citizenship: Required

Primary Language Spoken at Home: Required

Birth City:

Birth State:

Birth Country:

Religious Affiliation

Religious Affiliation: Required

Current Church/Congregation: Required

Phone:

Street Address:

City:

State:

Zip:

Senior Pastor:

Local Church/Parish Member? ☐ Yes ☐ No Required

Household

Home Address

Street Address: Required

City: Required

State:

Zip: Required

Country: Required

Home Phone: Required

List Family in Directory? Yes

Military Connection?
Required

First Parent / Guardian

Last Name: Required

First Name: Required

Please Remove From No

Second Parent / Guardian
(leave blank if not applicable)

Last Name:

First Name:

Please Remove From No

Household?
Middle Name:
Suffix:
Salutation: **Required**
Gender: **Required**
Relationship to Enrollee: **Required**
Custodial Rights? **Required**
Financial Responsibility? **Required**
Receive Correspondence? **Required**
Marital Status: **Required**
Email Address 1:
Email Address 2:
Work Phone:
Cell Phone: **Required**
Occupation:
Job Category:
Employer:
Employer Address:
Employer City:
Employer State:
Employer Zip:
Religious Affiliation:
Current Church/Congregation:

Household?
Middle Name:
Suffix:
Salutation:
Gender:
Relationship to Enrollee:
Custodial Rights?
Financial Responsibility?
Receive Correspondence?
Marital Status:
Email Address 1:
Email Address 2:
Work Phone:
Cell Phone:
Occupation:
Job Category:
Employer:
Employer Address:
Employer City:
Employer State:
Employer Zip:
Religious Affiliation:
Current Church/Congregation:

Highest Level of Education:
Year:
School Name:
Degree:

Highest Level of Education:
Year:
School Name:
Degree:

Grandparents

Will you give us as much grandparent information as possible so that we can include them in information about student activities?

☒ Yes ☐ No

Emergency Contacts and Authorized Pickup

Emergency Contacts: In addition to the parents, please list persons we may contact in the event of an emergency.

Authorized Pickups: In addition to the parents, please indicate persons authorized to pick up this student.

Medical Information

Doctor: **Required**
Phone: **Required**
Address:
Hospital: **Required**

Dentist:
Phone:
Address:

Company: **Required**
Policy: **Required**
Group: **Required**

Permission To Treat: In case of an emergency or accident, I desire to be contacted. If I cannot be reached, permission is granted to Bangor Christian Schools' officials to care for my child according to the seriousness of the case. I would prefer my child be taken to the hospital designated, if at all possible.

☐ Yes ☒ No **Required**

Medical/health conditions include Asthma, Diabetes, Heart Condition, Seizures, etc.

Does the student have any medical conditions?

☐ Yes ☒ No

Allergies include Insect Bites, Food, Medications, Seasonal, etc.

Does the student have any allergies?

☐ Yes ☒ No

Is your child a returning student?

☐ Yes ☒ No
Required

Please upload your student's current immunization records or have your doctor's office fax them. (207-262-9528)

Student Driver Authorization

Will this student drive a car to school?

☐ Yes ☒ No

Required

Media Release

Bangor Christian Schools on occasion will advertise in newspapers, brochures, flyers, or posters to promote the school. Candid pictures (or videos) are taken of our students at various times throughout the year to show student life at the school, and sometimes we use the pictures (or videos) in our advertising. I give permission to use pictures (or videos) of my child for this purpose, if the need arises:

☐ Yes ☒ No
Required

☐ Check here for Parent/Guardian Signature Name: **Required** Date: **Required**

Handbook Acknowledgement

We have read and understand the entire contents of the Student/Parent Handbook, and we are willing to abide by all of the principles stated therein. We understand that my child will be subject to dismissal from school for violation of the discipline code in regard to the use of drugs (including tobacco and alcohol), immorality, or for possession or distribution of pornography or lewd materials. We also understand that attendance at Bangor Christian Schools is a privilege and not a right. We understand that the school may request withdrawal at any time, if in the opinion of the school, my child does not fit into the spirit of the institution, regardless of whether he/she conforms to the specific rules and regulations. We understand any non-factual information submitted on this application may lead to dismissal of my child. It is our prayerful desire to contribute positively to the spirit of Bangor Christian Schools and to lead a life pleasing to the Lord.

☐ Check here for Parent/Guardian Signature Name: **Required** Date: **Required**

☐ Check here for Student Signature Name: **Required** Date: **Required**

Colleges and Military Recruiters Release

The No Child Left Behind Act requires secondary schools to provide students' names, addresses, and telephone numbers to both military recruiters and institutions of higher education, upon request. Parents and legal guardians of students, however, have the right to request that the school not release such information without prior written parental consent.

The purpose of this notice is to inform you of this law and to provide you the opportunity to request that information about your child NOT be released to either military recruiters or institutions of higher education. To prevent the release of information, you must inform us. If you do not inform us otherwise, we will be required by federal law to disclose your child's name, address, and telephone number to military recruiters and institutions of higher education that request this information.

I am the parent or legal guardian. Please DO NOT release my child's name, address, or telephone number to the following without my prior written consent (check one or both):

☐ Check here for Parent/Guardian Signature

Name: Required

Date: Required

FACTS Tuition

Payment method selection has not yet been made.

Document Upload

Please submit the following documentation either directly to the school or by uploading here. If you will be uploading the document(s), you must upload prior to submitting the enrollment packet. You will be unable to come back and upload after the enrollment packet has been submitted.

- Birth Certificate, required for new students
- Health Information and Immunization Record
- Medication Permission Form, if applicable
- Court/Custody Documents, if applicable

Electronic Signature Page

Electronic Signature

The electronic signatures below and their related fields are treated by Bangor Christian School like a physical handwritten signature on a paper form.

Agreements

My signature below affirms that all of the information contained in this enrollment packet is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this packet may jeopardize my child's enrollment.

☐ Check for electronic signature

Required

Name: Required

Date: